

Form #412A,
Revision (09/2011)

COMMONWEALTH OF KENTUCKY
DIVISION OF UNEMPLOYMENT INSURANCE
275 E MAIN ST. - MAIL STOP 2CF
P.O. BOX 452
FRANKFORT, KY 40602-0452
FAX (502) 564-9333



Notice to Employer of Claim for Unemployment Insurance Benefits

BUFFALO TRACE GATEWAY NARCOTIC TASK
FORCE
908 KENTON STATION DR.
MAYSVILLE, KY 41056

RECEIVED
NOV 21 2012
RECORDS SECTION

Date Processed: 11/12/2012
Employer Phone No : (606) 564-3309
Mail Date : 11/13/2012

Carefully read the information below supplied by your former employee. If the employee was separated for any reason other than lack of work, complete the 'employer's statement' below and return this form to the above address within 15 days of 11/13/2012.

This is notice that a claim for unemployment benefits has been filed by TIM FEGAN, SSN# 403081630, listing you as the employer. The claimant has indicated he/she worked for you from 12/14/1992 through 11/02/2012, and is no longer working due to Discharge. You may also receive a "fact-finding report" from this agency in a separate mailing. It is important that you complete and return it as instructed. The claimant has provided the following explanation regarding the separation.

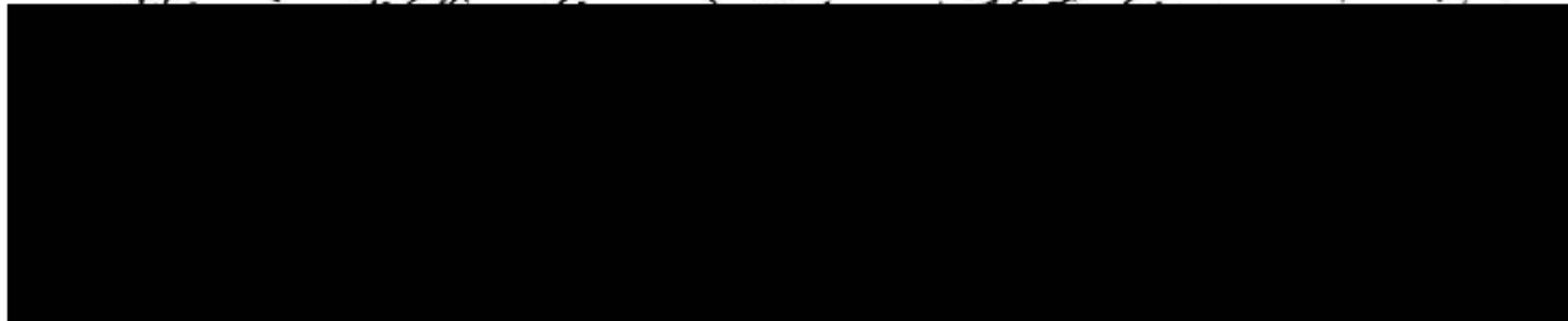
AN AUDIT OF THE OFFICE FOUND AN ERROR IN SOME FUNDS

If the claimant left your employ for any reason other than "Lack of Work" or "Lay-off with definite recall", under 787 KAR 1:070 you, as an employer, are required to return this form within 15 days of the mail date to qualify for potential relief of charges to your reserve account.

Employer's Statement

On the day this claimant was separated from your employment, what was the primary reason for separation?

Termination due to Financial Irregularities!
"An Error", I believe will become a theft once



403081630



11/09/2013



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Program code: 01

Equal Education and Employment Opportunities M/F/D

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BYE: 11/09/2013